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Ovarian Dermoid retained two years in Pelvis after Obstructing Labour.

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By Alban Doran, F.R.C.S.

On February 20th, 1904, Dr. E. F. Seager Green, of South Norwood, attended a woman, aged 29, in her third labour. The descent of the head was obstructed by a pelvic tumour. Dr. Green succeeded in pushing the tumour out of the pelvis, and the child was born alive. The patient's first labour (October 1899) ended spontaneously, but the second (January 1901) was lingering, and Dr. Green had reason to believe that the pelvic tumour was, as in the third labour, the cause of delay.

Six weeks after confinement, the patient was troubled with attacks of sharp pain in the right iliac region, so that inflammation of the appendix was suspected. The pain subsided and the patient was sent to me in June 1904. I could not make out any morbid condition above the brim of the pelvis, but I found that the pelvic cavity was occupied by a firm elastic mass which had displaced the uterus forwards. The patient declared that the pain had been confined to a point which she carefully indicated with her finger, that point being McBurney's but no resistance could be felt there on pressure. Contrary to my advice, she declined to undergo an operation, on the ground that she felt perfectly well and free from discomfort.

On February 2, 1906, the patient, then aged 31, applied to me once more. Since Easter, 1905, she had been subject to frequent attacks of abdominal pain, without distension, dysuria, or difficulty in defæcation. These pains were essentially acute, they almost "doubled her up," as she observed, yet always passed away. She informed me that at the age of 21 she had one distinct attack of hæmatemesis, for which she was dieted; this attack was her only illness previous to 1904, and I could not detect any evidence of

* Specimen shown and described at the meeting of the Obstetrical and Gynæcological section of the Royal Society of Medicine of London, November 14th, 1907.

gastric disease. On examination I found that the pelvic cavity was still occupied by the firm elastic mass which I had already noted in the same position in June, 1904. Its upper limits still lay below the pelvic brim, and it had hardly, if at all, increased in size.

I operated on February 13, 1906. The pelvic tumour proved to be a dermoid of the right ovary, weighing 1 lb. 5 oz. It was livid through engorgement of its veins, due to rotation on its pedicle, which was twisted two turns from left to right. The tumour had fallen back behind the uterus and left ovary, both being pushed upwards and forwards. Directly the pedicle was untwisted the lividity disappeared, and I found that the tissues of the pedicle were free from atrophic changes. Strange to say, there were no adhesions excepting a few shreds of soft, recent lymph. The vermiform appendix showed no signs of disease. As the tumour fitted closely into the pelvic cavity, I had to exercise caution in raising it above the brim, lest it should burst. In every other respect the operation was perfectly simple.

I last saw the patient on April 13, 1907, fourteen months after the operation. She was in very good health and quite free from any kind of discomfort. The catamenia were regular. The tumour now belongs to the Museum of the Royal College of Surgeons. It contained about one pound of grease, with hair of a light auburn colour. As usual, the hair in the tumour was much lighter than the hair of the scalp, as may be seen on inspecting the sample of the latter which is mounted with the specimen. Thus a dermoid tumour remained impacted, or all but impacted, in the pelvic cavity for two years without contracting any firm adhesions to adjacent structures. Hence there were no complications, such as infection from the bowel, and the tumour was removed without any difficulty. Although it fitted closely into the pelvic cavity it underwent axial rotation, but the clinical history and the condition of the pedicle seemed to imply that the torsion was partially reduced at the end of each attack. The pedicle being on the right side, it is easy to understand how the symptoms simulated inflammation of the vermiform appendix.

In this case the tumour had obstructed labour, but had not given rise to any pressure symptoms. It fitted quite snugly into the pelvic cavity. At the operation, a long incision was made, not because the tumour was large, for it was clearly of moderate size, but because dense adhesions to the bowel were expected, a dangerous complication, especially in dermoid disease. It was therefore desirable to have plenty of room for the necessary manipulations, with as little risk as possible of the escape of grease, probably infected, into the peritoneal cavity.